

DOUGLAS COUNTY DEPARTMENT OF GENERAL ASSISTANCE
4102 Woolworth Avenue, Omaha, Nebraska 68105
Telephone: (402) 444-6215 Fax: (402) 444-6332

Monthly Reporting Form (Fill in all blanks)

Tech: _____

Assistance you are requesting: rent _____ non-food items _____ utilities _____ medical _____

Name _____ SSN: _____

Current Address _____ Phone: _____

Current Landlord: _____ Phone: _____

Does anyone live with you? Yes _____ No _____ If yes, how many: _____

Who? _____

INCOME and RESOURCES

Are you currently working? Yes _____ No _____ Date started: _____

If yes, give name, address and phone number of employer:

Name: _____ Address _____ Phone: _____

Hours worked per week: _____ Hourly pay rate: _____

Have you received any other type of money/income? If so, when: _____

How much: _____ From whom: _____

Have you received a lump sum payment? If so, when? _____ How much did

you receive? _____ From whom? _____

UNEARNED INCOME

Did you receive any money from the following? And if so, how much and when?

(Indicate if you have applied for any benefits below, also)

TANF-5(ADC) _____ SSI/SSA _____

Energy Assistance _____ Veterans _____

Unemployment _____ Gambling Winnings _____

Selling plasma _____ Other _____

Did family or friends pay on the following? And if so, list amount paid and when.

Phone: _____ Rent: _____

Utilities: _____ Cable: _____

Non-Food items: _____ Other: _____

Change in financial resources (purchased or given a car) _____

Report any change within five (5) days. Return between 1st to 15th of: _____

Client's Signature

Date